

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029511

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. 5996 Registrar's No. 64

FILED JUL 31 1963

VS 300
Rev. 4/59

1 0860

2 0860

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9 420.1

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		c. CITY OR TOWN Unionville, Mo. R.F.D. #2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Mo. R.F.D. #2		d. STREET ADDRESS (If outside, give location) Union Twp.	
3. NAME OF DECEASED (Type or print) First Middle Last Ira Dow Stuckey		4. DATE OF DEATH Month Day Year July 23, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	
13a. FATHER'S NAME George D. Stuckey		13b. MOTHER'S MAIDEN NAME Nancy F. Comstock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		17. INFORMANT Billie Sue Stuckey, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Artery Disease</i> DUE TO (b) <i>arteriosclerosis & hypertension</i> DUE TO (c) <i>stroke</i>		INTERVAL BETWEEN ONSET AND DEATH 20 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour .s.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Jan 13 63 to July 23 63 and last saw him alive on July 23 63		22. SIGNATURE (Degree or title) Chas L. Fuld Do	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/26/1963	
23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery		23d. LOCATION (City, town, or county) Unionville, Missouri	
24. FUNERAL DIRECTOR By John N. Comstock		25. DATE RECD. BY LOCAL REG. 7-25-63	
26. REGISTRAR'S SIGNATURE Marvell Durbin		27. ADDRESS Unionville, Missouri	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Princeton, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.